

RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW

Josemar Batista¹, Barbara Cristina Alberti², Eliane Miranda Rocha³
Ivani Batista⁴, João Kleber Nogueira⁵, Kaynã Formigheri Ferreira⁶

Highlights: (1) Access to health care and early diagnosis are central to safe care in prisons. (2) Professional qualification and adequate staffing improve the quality of care. (3) Policies, protocols, and risk management reduce incidents in the prison system.

PRE-PROOF

(as accepted)

This is a preliminary, unedited version of a manuscript that was accepted for publication in *Revista Contexto & Saúde*. As a service to our readers, we are making this initial version of the manuscript available, as accepted. The article will still be reviewed, formatted and approved by the authors before being published in its final form.

<http://dx.doi.org/10.21527/2176-7114.2026.51.16846>

How to cite:

Batista J, Alberti BC, Rocha EM, Batista I, Nogueira JK, Ferreira KF. Recommendations for promoting patient safety and quality of care in the prison system: an integrative review. *Rev. Contexto & Saúde*. 2026;26(51):e16846

¹ Centro Universitário – UniDomBosco / Pontifícia Universidade Católica do Paraná (PUC-PR). Curitiba/PR, Brazil. <https://orcid.org/0000-0001-9838-1232>

² Centro Universitário – UniDomBosco. Curitiba/PR, Brazil. <https://orcid.org/0009-0009-0744-1865>

³ Centro Universitário – UniDomBosco. Curitiba/PR, Brazil. <https://orcid.org/0009-0003-3521-4068>

⁴ Centro Universitário – UniDomBosco. Curitiba/PR, Brazil. <https://orcid.org/0009-0001-0196-9484>

⁵ Centro Universitário – UniDomBosco. Curitiba/PR, Brazil. <https://orcid.org/0009-0003-6800-5561>

⁶ Centro Universitário – UniDomBosco. Curitiba/PR, Brazil. <https://orcid.org/0009-0000-6376-8955>

RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW

ABSTRACT

Health incidents occurring in the prison system are not uncommon, and patient safety remains under-theorized in extra-hospital settings. The objective of this study was to identify, in the literature, recommendations for promoting patient safety and quality of care in the prison system. An integrative review was conducted in January 2024 using the BDNF, IBICS, LILACS, MEDLINE, and SciELO databases, including publications up to the year 2023. Of the 185 articles initially identified, 20 were included in the analysis. Nineteen recommendations were synthesized to promote safety and quality of health care in the prison context, highlighting access for persons deprived of liberty to health services, multidisciplinary team, and early diagnosis of diseases and health conditions; control and supervision of the medication management process; professional training and education; adequate health workforce staffing; development of guidelines and policies; and risk management. The identified actions, when applied in practice, may contribute to the quantitative and qualitative advances necessary to provide value-based care to persons deprived of liberty and to meet the principles of the Sustainable Development Goals.

Keywords: Patient Safety; Prisons; Quality Indicators in Health Care; Nursing.

Introduction

Patient safety is understood as a framework of organized activities aimed at creating cultures, procedures, behaviors, technologies, and environments in health care focused on reducing risks, errors, and adverse events in a consistent and sustainable manner, with the aim of improving the quality of care and reducing consequences for patients, families, and institutions¹.

Recognizing patient safety as a priority topic in health policies and sectoral programs is essential to achieve universal health coverage¹. In Brazil, Ordinance n°529 of April 1st, 2013, which established the National Patient Safety Program (*Programa Nacional de Segurança do Paciente* - PNSP), aims to contribute to improving the quality of health care in all public and private health services in the country², including extra-hospital settings, such as health services operating within the prison system.

**RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY
OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW**

Globally, in 2021 it was estimated that approximately 11 million people were deprived of liberty. Brazil has about 812 thousand individuals in this condition, ranking as the third largest prison population worldwide, behind only the United States of America and China³. In recent decades, the Brazilian prison system has sought to consolidate itself as an educational and rehabilitative environment; however, persons deprived of liberty remain exposed to precarious conditions such as overcrowded cells, inadequate nutrition, lack of personal hygiene, and difficulties in accessing health care⁴.

The National Comprehensive Health Care Policy for Persons Deprived of Liberty in the Prison System (*Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional - PNAISP*) recommends the implementation of primary health care teams within prison facilities. Its objective is to ensure access to and expand the health actions of the Brazilian *Sistema Único de Saúde* for the incarcerated population, including health promotion, protection, and surveillance activities⁵.

Thus, this policy has become fundamental for providing comprehensive, resolute, continuous, and high-quality care in light of the specific characteristics of the prison environment and this population at the national level⁵. However, health services within the prison system often present lower quality standards compared with other health care settings, mainly due to the incipient development or absence of patient safety processes⁶.

Among the conditions that favor the occurrence of errors and adverse events in prison units are insufficient human and material resources, failures in medication administration and in the documentation of health care activities, as well as weaknesses related to teamwork, leadership, and professional qualification. These factors are compounded by underreporting of incidents related to health care and delays in diagnostic examinations, referrals, and the provision of appropriate and timely treatment⁶.

Although epidemiological data on patient safety incidents in prison settings are scarce, errors, both by omission and commission, are common⁶. An analysis of 4,112 incident reports from prisons in England showed that the most prevalent harms were related to medication use (33%), followed by those associated with the inability to access health care services (15%)⁷.

Considering the need to expand data related to patient safety and to understand this topic beyond the hospital environment, particularly among vulnerable groups and in settings that

**RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY
OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW**

remain underexplored and under-theorized⁸, the present study was conducted with the objective of identifying, in the literature, recommendations for promoting patient safety and quality of care in the prison system.

Method

This study is an integrative literature review, conducted in six stages: identification of the theme and formulation of the research question; adoption of inclusion and exclusion criteria for the search of primary studies in the literature; selection of studies and definition of the information to be extracted; evaluation of the included studies; interpretation of the results; and presentation of the results⁹.

Stage 1 consisted of formulating the research question, as follows: “What recommendations exist for promoting patient safety in the prison system?”.

The search and data collection (Stage 2) were conducted in January 2024 in the following databases: *Base de Dados de Enfermagem* (BDENF), Medical Literature Analysis and Retrieval System Online (MEDLINE), *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS) and *Índice Bibliográfico Español en Ciencias de la Salud* (IBECS), available through the Virtual Health Library (VHL) portal, and Scientific Electronic Library Online (SciELO). Controlled descriptors were selected from Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH), and combined using the Boolean operator AND, according to the following search strategies (Table 1):

Table 1. Search strategies in the databases.

| Database | Search strategies | Number of identified articles |
|---|--|--------------------------------------|
| BDENF, IBECS, LILACS, MEDLINE and SciELO | “Patient safety” AND “Prisons” | 115 |
| | “Seguridad del paciente” AND “Prisiones” | 35 |
| | “Segurança do paciente” AND “Prisões” | 35 |

Source: The authors.

The inclusion criteria were: primary articles, case reports and experience reports, reflective studies, and update studies available in full text and online, published in Portuguese, English, and/or Spanish, with no time restriction. Literature reviews, monographs, dissertations,

RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW

manuals, theses, duplicate publications, and studies that did not answer the research question were excluded.

Study selection was performed by two independent reviewers after an initial screening of titles and abstracts. Publications that met the research question and eligibility criteria were selected. Subsequently, full-text readings were conducted repeatedly to identify studies to be included in the integrative review. In cases of disagreement regarding study inclusion, a third reviewer was consulted.

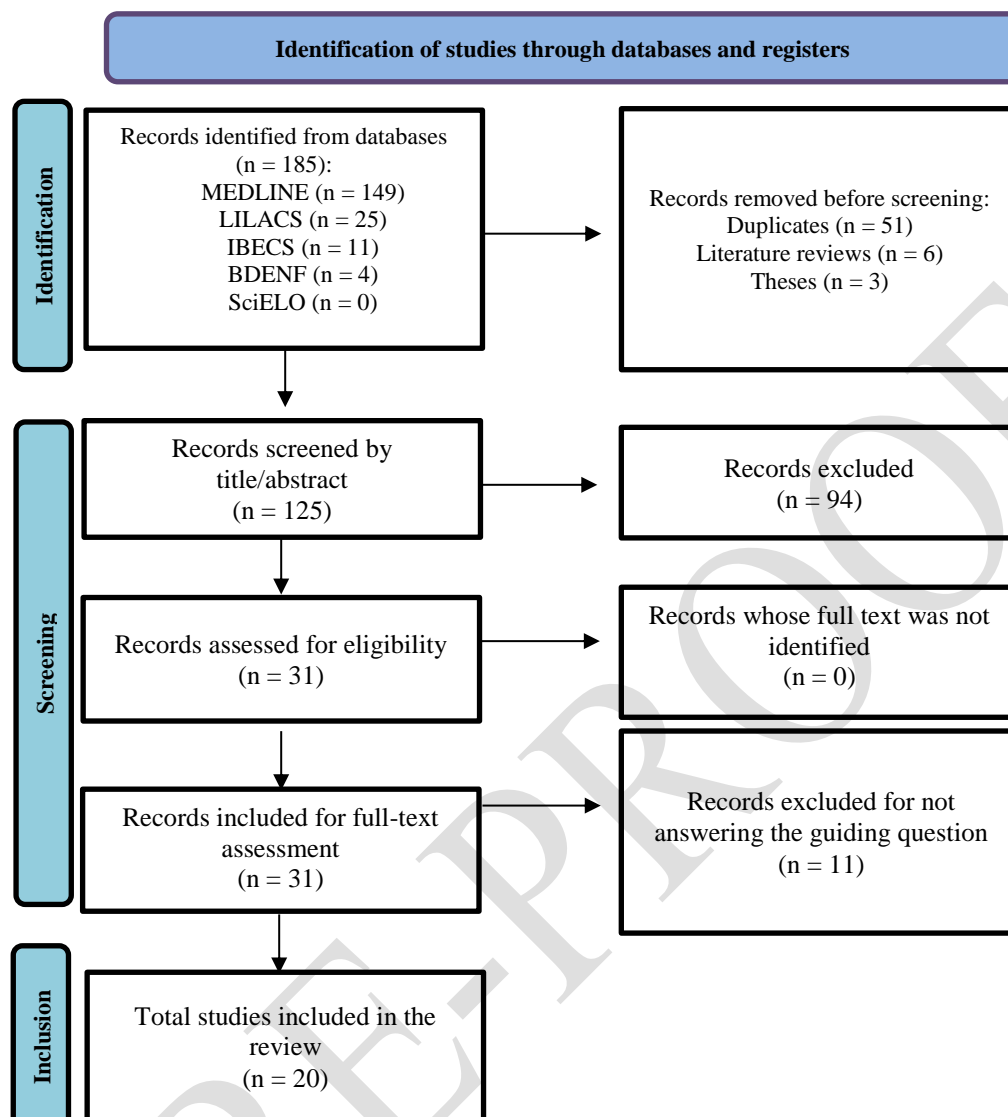
The included studies were organized in a spreadsheet using Microsoft Office Excel®, version 2016. For data extraction (Stage 3), a validated instrument¹⁰ was used and adapted to the context of the present study. The instrument included the following variables: authors, year, country of the study, title, objective, type of study/level of evidence, and main results. Regarding the level of evidence, the studies were categorized from I (highest level of evidence) to VII (lowest level of evidence) according to the criteria proposed by Melnyk and Fineout-Overholt¹¹.

Critical analysis of the results (Stage 4) was performed, and the information was presented descriptively in a table. Interpretation of the results and knowledge synthesis were then carried out to incorporate the findings into nursing care practice for patients in the prison system (Stages 5 and 6).

Results

A total of 171 articles were identified in the primary search. Of these, 20 were included, as shown in Figure 1.

**RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY
OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW**



Source: Adapted from Page *et al*¹².

Figure 1. Flowchart of identification, screening, eligibility, and inclusion of the studies.

There was a predominance of publications in 2023 ($n = 7$; 35%), in countries from the American continent ($n = 10$; 50%) and Europe ($n = 7$; 35%). The most prevalent level of evidence was level VI ($n = 16$; 80%), as presented in Table 2.

**RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY
OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW**

Table 2. Distribution of extracted information according to authors, country and year of publication, title, objective, method, and level of evidence of the included studies.

| ID* | Authors, country and year of publication | Title | Objective | Method / Level of evidence |
|-----|--|--|---|--|
| A1 | Khairat <i>et al</i> ¹³ United States of America, 2023 | Assessment of Stakeholder Perceptions and Cost of Implementing a Telemedicine Specialty Program at Correctional Facilities in North Carolina | To evaluate the implementation of a telemedicine specialty care program in North Carolina state prisons during the COVID-19 pandemic | Cross-sectional / VI |
| A2 | McFadzean <i>et al</i> ⁷ United Kingdom, 2023 | Patient safety in prisons: a multi-method analysis of reported incidents in England | To characterize the type and nature of health incidents occurring in prisons to guide practice improvement and identify health policy priorities | Exploratory and retrospective / VI |
| A3 | Little <i>et al</i> ¹⁴ Australia, 2023 | Health and correctional staff acceptability of depot buprenorphine in NSW prisons | To identify problems with current opioid agonist treatment practices, including resource issues and medication diversion, and to evaluate the acceptability of a new opioid agonist treatment program | Focus group / VI |
| A4 | Keers <i>et al</i> ¹⁵ United Kingdom, 2023 | Defining avoidable healthcare-associated harm in prisons: A mixed-method development study | To develop a definition of avoidable harm to facilitate future epidemiological studies in prisons | Sequential mixed-methods study / VI |
| A5 | Oladeru <i>et al</i> ¹⁶ United States of America, 2023 | Inequalities in Cancer Stage at Diagnosis Among Incarcerated Individuals Undergoing Radiation Therapy at a Large Safety-Net Hospital | To analyze demographic and clinicopathological characteristics of incarcerated individuals undergoing radiation therapy | Cross-sectional / VI |
| A6 | Rosen <i>et al</i> ¹⁷ United States of America, 2023 | The role of detention officers in the provision of jail healthcare in the Southeastern United States | To identify resources and policies used to promote health in prisons | Qualitative descriptive-exploratory / VI |
| A7 | Burton ¹⁸ Australia, 2023 | The emergence of custodial health nursing as a specialty whose time has come: An Australian experience. | To report the need to improve policies and specialties related to nursing in the prison context | Experience report / VI |
| A8 | Magola-Makina <i>et al</i> ¹⁹ United Kingdom, 2022 | Exploring the challenges to safer prescribing and medication monitoring in prisons: A qualitative study with health care staff | To understand the process and challenges associated with prescribing medicine in prisons and to explore the causes, impacts, and approaches to improving prescription safety in prisons | Grounded Theory / VI |
| A9 | Barcella <i>et al</i> ²⁰ Brazil, 2022 | <i>Planificação da Atenção Primária à Saúde nas prisões: projeto piloto</i> | To describe the implementation of primary health care planning in the prison system of Rio Grande do Sul | Descriptive experience report / VI |
| A10 | Abuzour <i>et al</i> ²¹ United Kingdom, 2022 | Implementing prescribing safety indicators in prisons: A mixed methods study | To examine the prevalence of potentially unsafe prescribing in the prison environment using prescribing safety indicators and to explore their implementation and use | Methodological study / VI |

**RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY
OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW**

| | | | | |
|-----|--|--|---|--|
| A11 | Nowotny <i>et al</i> ²² United States of America, 2019 | Criminal Justice Contact and Health Service Utilization among Women across Health Care Settings: Analyzing the Role of Arrest | To identify the prevalence of diseases and health risks among incarcerated women | Cross-sectional / VI |
| A12 | Barrera-Valencia <i>et al</i> ²³ Colombia, 2017 | <i>Costo-efectividad de telepsiquiatría sincrónica frente a asincrónica para personas con depresión privadas de la libertad</i> | To determine the cost-effectiveness of a synchronous telepsychiatry model versus an asynchronous model in patients with symptoms of depression admitted to a detention center | Cost-effectiveness study / VI |
| A13 | Wong <i>et al</i> ²⁴ Australia, 2017 | Implementing two nurse practitioner models of service at an Australian male prison: A quality assurance study | To examine the quality and safety of nursing services in two newly implemented nursing care models in a correctional institution | Descriptive-exploratory / VI |
| A14 | Meroueh <i>et al</i> ²⁵ France, 2017 | Prisons are at highest risk of death by fire and smoke exposure | To assess risk of fire, smoke exposure, and death | Descriptive / VI |
| A15 | Goldstein ²⁶ United States of America, 2014 | Health Information Privacy and Health Information Technology in the US Correctional Setting | To describe the legal environment involving health information sharing in prisons | Theoretical-reflective study / VII |
| A16 | Phillips ²⁷ United Kingdom, 2014 | Prescribing in prison: complexities and considerations | To highlight the need for a thoughtful approach to prescribing medications in prisons | Theoretical-reflective study / VII |
| A17 | Deslich <i>et al</i> ²⁸ United States of America, 2013 | Telepsychiatry in correctional facilities: using technology to improve access and decrease costs of mental health care in underserved populations | To determine how telepsychiatry affects access to care and the costs of providing mental health care in correctional facilities | Literature review and semi-structured interview with a telepsychiatry professional / VII |
| A18 | Hassan <i>et al</i> ²⁹ United Kingdom, 2012 | Prisoners holding their own medications during imprisonment in England and Wales: A survey and qualitative exploration of staff and prisoners' views | To examine policies and practices related to self-medication in prisons and to explore the perspectives of staff and patients | Mixed-methods study / VI |
| A19 | Stern <i>et al</i> ³⁰ United States of America, 2010 | Patient Safety: Moving the Bar in Prison Health Care Standards | To develop quality-of-care standards focused on patient safety based on expert consensus in the United States of America | Case report / expert opinion / VII |
| A20 | Diuana <i>et al</i> ³¹ Brazil, 2008 | <i>Saúde em prisões: representações e práticas dos agentes de segurança penitenciária no Rio de Janeiro, Brasil</i> | To identify the limiting role of prison officers in detainees' access to health services and the impact of their representations and practices of health on daily prison life | Action research / VI |

Source: Research data.

* Article identification

**RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY
OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW**

A total of 19 recommendations were identified to promote patient safety and quality of care in health services within the prison context, highlighting access for persons deprived of liberty to health services, multidisciplinary team and early diagnosis of diseases and health conditions (Table 3).

Table 3. Summary of recommendations to promote patient safety and quality of care in health services within the prison system.

| Recommendations for promoting patient safety | Article identification | Number of articles (n=20) | |
|---|---|---------------------------|----|
| | | n | % |
| Access to health services/multidisciplinary team and early diagnosis of diseases and health conditions | A2 / A3 / A4 / A5 / A6 / A9 / A11 / A13 / A19 / A20 | 10 | 50 |
| Control/supervision of the medication management process | A2 / A3 / A8 / A9 / A10 / A19 | 6 | 30 |
| Professional training/education | A2 / A6 / A8 / A14 / A19 | 5 | 25 |
| Adequate health workforce staffing | A2 / A4 / A6 / A8 / A19 | 5 | 25 |
| Development of guidelines/policies | A2 / A6 / A8 / A14 / A19 | 5 | 25 |
| Risk management | A4 / A10 / A14 / A16 / A18 | 5 | 25 |
| Implementation/improvement of electronic health records | A8 / A9 / A15 / A19 | 4 | 20 |
| Implementation of telemedicine/digital health | A1 / A2 / A12 / A17 | 4 | 20 |
| Structure and collaborative social relationships between prisoners, correctional officers, and health professionals | A6 / A8 / A9 / A20 | 4 | 20 |
| Availability of adequate material resources | A3 / A14 / A19 | 3 | 15 |
| Incident reporting and safety indicators | A2 / A10 / A19 | 3 | 15 |
| Funding | A4 / A7 | 2 | 10 |
| Implementation of care models for professional practice | A7 / A13 | 2 | 10 |
| Clinical leadership/governance | A8 / A19 | 2 | 10 |
| Behavioral change/involvement of incarcerated patients | A8 / A19 | 2 | 10 |
| Care transition/effective communication | A2 / A19 | 2 | 10 |
| Improvement of evidence-based clinical practice | A4 | 1 | 5 |
| Adequate working conditions | A19 | 1 | 5 |
| Compliance with institutional protocols/standards | A4 | 1 | 5 |

Source: Research data.

Discussion

The results found demonstrated different actions to promote patient safety in the prison context, highlighting the need for improvements related to access to health services, multidisciplinary team, and early diagnosis of diseases and health conditions, identified in 50% of the analyzed articles. Scientific studies indicate that delays and/or diagnostic errors are challenges that must be overcome in Primary Health Care services, as they contribute to the occurrence of adverse events³²⁻³³.

In this context, study A2 revealed that patient safety incidents related to delays in patients' access to health professionals and/or management errors in health consultations are often associated with restrictions imposed by correctional officers as a way to maintain institutional

**RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY
OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW**

security⁷. This finding highlights the need to develop strategies aimed at minimizing this barrier, since it contributes to reducing the quality of care provided. In this sense, it is necessary to strengthen policies and regulate norms that guarantee timely access for persons deprived of liberty to health services, both inside and outside prison facilities, while ensuring the safety of health workers and the general population.

It is also noteworthy that one of the factors contributing to the difficulty of access to health services in the prison system is the insufficient availability of human resources, both correctional officers for escort and physicians and nursing staff. In addition, the lack of diagnostic tools that should normally be available at the primary care level, such as electrocardiography and laboratory tests, also hinders care delivery and the early diagnosis of acute conditions, as well as the regular monitoring of persons deprived of liberty with chronic diseases³⁴.

Early and accurate diagnosis plays a crucial role in preventing therapeutic errors and improving the quality of health care. It also constitutes the basis for assertive decision-making regarding the patient's care plan, which is essential to prevent irreversible harm. In this sense, the lack of adequate care, whether due to structural or process-related issues, shows that even with the establishment of laws and the consolidation of democracy in several countries, the State still appears fragile in fulfilling its role of guaranteeing the basic rights of persons deprived of liberty³⁵, including protection against harm arising from health and nursing care.

In light of the above, the findings of this integrative review highlight that adequate health workforce staffing is one of the elements that promotes patient safety in prison settings, as reported in studies A2, A4, A6, A8, and A19. Similarly, the implementation of guidelines and policies aimed at patient safety, identified in studies A2, A6, A8, A14, and A19, constitutes a growing demand in these environments and is necessary to reduce health inequalities.

The Global Patient Safety Action Plan 2021-2030, proposed by the World Health Organization, reinforces the need to foster a safety culture at all levels of health care in order to ensure the safety of all clinical processes, reduce harm caused by unsafe care, and contribute to the development of highly reliable health systems¹.

In the prison context, expanding the international patient safety goals³⁶, translated into the basic patient safety protocols in Brazil², promotes improvements in work processes and

**RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY
OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW**

consequently reduces care-related risks. When combined with professional qualification, these measures contribute to the provision of safer care, particularly in practices involving the prescription, dispensing, and administration of medications, which represent one of the main contributing factors to incidents in prison settings⁷.

The second major recommendation for promoting patient safety in prison units was the control and supervision of the medication management process, identified in 30% of the articles analyzed in this integrative review. The prevention and management of errors related to medication use and the resulting harm are relevant components of patient safety. Although access to safe health care is a fundamental patient right, medication-related errors remain a challenge for health services and result in physical, social, and financial impacts³⁷, especially when related to the administration of high-alert medications.

Study A3 reported problems related to the safe use of opioids, as this use is often associated with diversion, non-medical use, and exchanges between prisoners through coercion or financial benefit. This situation is aggravated by the absence of specific protocols, training and capacity-building of health teams, as well as the limited availability of correctional personnel¹⁴. Among the measures to address this weakness are multidisciplinary collaborative work, greater consistency in care processes, and the need for increased innovation and education/training to address legal, practical, policy, and cultural variations in patient safety among prison units worldwide¹⁹.

In Brazil, the PNAISP recommends the planning of training activities aimed at professionals who provide care within the prison system. The objective is to enhance specific skills and competencies in order to improve care delivery and strengthen work processes, including monitoring the appropriate use of medications⁵. Furthermore, health professionals should be trained in issues related to risk management, whose purpose is to promote continuous improvements in care processes, ensure the fundamental right to the protection of human health, and achieve the goals established by the Sustainable Development Goals, which aim to ensure well-being for all, particularly for the most vulnerable populations³⁸.

In this regard, another important aspect for the protection of patients in the prison system concerns the assessment of fire risk within prison facilities, particularly due to the significant number of deaths associated with smoke inhalation. It is estimated that the risk of death in

RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW

prisons related to fires is almost fifteen times higher than that of the general population. Therefore, prevention strategies should be implemented and specific training should be offered to correctional officers and health professionals as a way to minimize negative outcomes in the event of fires occurring inside prison cells or in other prison environments²⁵.

The main limitation of the present study is related to the fact that the primary search was conducted using only one search strategy and limited to previously established languages. The methodological heterogeneity of the included studies, the absence of standardized protocols for data collection, the possibility of search and selection bias, and the subjectivity involved in interpreting the findings also represent limitations of this research.

Final considerations

Nineteen recommendations were identified for promoting patient safety and quality of care in the prison system, highlighting the need for improvements related to universal access of persons deprived of liberty to health services, multidisciplinary teams and early diagnosis of diseases and health conditions, control and supervision of the medication management process, professional training and education, adequate health workforce staffing, development of guidelines and policies, and risk management.

The implementation of these actions in prison institutions should be guided according to the structural, technical, political, and legal characteristics specific to each country. The findings of this study may support managers and policymakers in rethinking health care work processes within the prison system and provide evidence for the development of guidelines and clinical protocols aimed at consolidating high-quality care practices, promoting equitable and safe care aligned with the Sustainable Development Goals, and ensuring protection against errors and adverse events among persons deprived of liberty.

REFERENCES

1. Astier-Peña MP, Martínez-Bianchi V, Torijano-Casalengua ML, Ares-Blanco S, Bueno-Ortiz JM, Fernández-García M. The Global Patient Safety Action Plan 2021-2030: Identifying actions for safer primary health care. *Aten Primaria*. 2021;53 Suppl 1(Suppl 1):102224. DOI: <https://doi.org/10.1016/j.aprim.2021.102224>

**RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY
OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW**

2. Brasil. Ministério da Saúde. Documento de referência para o Programa Nacional de Segurança do Paciente. Ministério da Saúde; Fundação Oswaldo Cruz; Agência Nacional de Vigilância Sanitária. Brasília : Ministério da Saúde, 2014.
3. Fair H, Walmsley R. World Prison Population List [Internet]. 13. Ed. London, ICPR, 2021 [citado 15 nov. 2023]. Disponível em: https://www.prisonstudies.org/sites/default/files/resources/downloads/world_prison_population_list_13th_edition.pdf
4. Rossetto M, Alves CGR, Drechsler G, Kuerten LF, Souza RM, Batista, JL. Olhar profissional no atendimento em saúde às pessoas privadas de liberdade: revisão integrativa. *Trab. Educ. Saúde (Online)*. 2022; 20: e00909197. DOI: <https://doi.org/10.1590/1981-7746-ojs909>
5. Brasil. Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional. Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas, Coordenação de Saúde no Sistema Prisional. 1. ed. Brasília: Ministério da Saúde, 2014.
6. Robertson H, Debono DF, Travaglia J. Patient Safety and People Who Are Incarcerated [Internet]. *Contemporary Topics in Patient Safety*, volume 2. IntechOpen; 2023 [citado 12 mar. 2024]. DOI: <http://dx.doi.org/10.5772/intechopen.108942>
7. McFadzean IJ, Davies K, Purchase T, Edwards A, Hellard S, Ashcroft DM, et al. Patient safety in prisons: a multi-method analysis of reported incidents in England. *J R Soc Med*. 2023; 116(7):236-245. DOI: <https://doi.org/10.1177/01410768231166138>
8. Institute of Global Health Innovation. National State of Patient Safety 2022: What we know about avoidable harm in England [Internet]. Imperial College London; 2022 [citado 15 mai. 2024]. Disponível em: <https://www.imperial.ac.uk/media/imperial-college/institute-of-global-health-innovation/National-State-of-Patient-Safety-2022.pdf>
9. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto Contexto Enferm*. 2008; 17(4):758-764. DOI: <https://doi.org/10.1590/S0104-07072008000400018>
10. Ursi ES, Galvão CM. Prevenção de lesões de pele no perioperatório: revisão integrativa da literatura. *Rev Latino-am Enfermagem*. 2006;14(1):124-131. DOI: <https://doi.org/10.1590/S0104-11692006000100017>
11. Melnyk BM, Fineout-Overholt E. *Evidence-based practice in Nursing & Healthcare: a guide to best practice*. 4th ed. Philadelphia (US): WoltersKluwer; 2019
12. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021;372:71. DOI: <https://doi.org/10.1136/bmj.n71>

**RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY
OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW**

13. Khairat S, Zebrowski A, Stabile K, Bohlmann A, Wallace E, Yao Y, et al. Assessment of Stakeholder Perceptions and Cost of Implementing a Telemedicine Specialty Program at Correctional Facilities in North Carolina. *Perm J.* 2023; 27(3):49-59. DOI: <https://doi.org/10.7812/TPP/22.167>
14. Little S, White B, Moensted M, Butler K, Howard M, Roberts J, et al. Health and correctional staff acceptability of depot buprenorphine in NSW prisons. *Int J Drug Policy.* 2023; 114:103978. DOI: <https://doi.org/10.1016/j.drugpo.2023.103978>
15. Keers RN, Wainwright V, McFadzean J, Davies K, Campbell SM, Stevenson C, et al. Defining avoidable healthcare-associated harm in prisons: A mixed-method development study. *PLoS One.* 2023;18(3):e0282021. DOI: <https://doi.org/10.1371/journal.pone.0282021>
16. Oladeru OT, Lam CM, Qureshi MM, Hirsch AE, Mak KS, Dyer MA, et al. Inequalities in Cancer Stage at Diagnosis Among Incarcerated Individuals Undergoing Radiation Therapy at a Large Safety-Net Hospital. *Int J Radiat Oncol Biol Phys.* 2023;116(1):194-198. DOI: <https://doi.org/10.1016/j.ijrobp.2023.02.002>
17. Rosen DL, Blue C, Brown M, Bradley-Bull S, DiRosa EA, Carda-Auten J. The role of detention officers in the provision of jail healthcare in the Southeastern United States. *Soc Sci Med.* 2023; 330:116065. DOI: <https://doi.org/10.1016/j.socscimed.2023.116065>
18. Burton J. The emergence of custodial health nursing as a specialty whose time has come: An Australian experience. *Int Nurs Rev.* 2023;70(3):273-278. DOI: <https://doi.org/10.1111/inr.12815>
19. Magola-Makina E, Abuzour AS, Ashcroft DM, Dunlop J, Brown P, Keers RN. Exploring the challenges to safer prescribing and medication monitoring in prisons: A qualitative study with health care staff. *PLoS One.* 2022;17(11):e0275907. DOI: <https://doi.org/10.1371/journal.pone.0275907>
20. Barcella RC, Ely KZ, Krug SBF, Possuelo LG. Planificação da Atenção Primária à Saúde nas prisões: projeto piloto. *Saude e pesqui.* 2022; 15(2): e10366. DOI: <https://doi.org/10.17765/2176-9206.2022v15n2.e10366>
21. Abuzour AS, Magola-Makina E, Dunlop J, O'Brien A, Khawagi WY, Ashcroft DM, Brown P, Keers RN. Implementing prescribing safety indicators in prisons: A mixed methods study. *Br J Clin Pharmacol.* 2022; 88(4):1866-1884. DOI: <https://doi.org/10.1111/bcp.15107>
22. Nowotny KM, Kuptsevych-Timmer A, Oser C. Criminal Justice Contact and Health Service Utilization among Women across Health Care Settings: Analyzing the Role of Arrest. *Womens Health Issues.* 2019;29(2):125-134. DOI: <https://doi.org/10.1016/j.whi.2018.12.005>
23. Barrera-Valencia C, Benito-Deviab AV, Vélez-Álvarez C, Figueroa-Barrerad M, Franco-Idárraga SM. Costo-efectividad de telepsiquiatría sincrónica frente a asincrónica para personas con depresión privadas de la libertad. *Rev.colomb.psiquiatr.* 2017; 46(2):65-73. DOI: <https://doi.org/10.1016/j.rcp.2016.04.008>

**RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY
OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW**

24. Wong I, Wright E, Santomauro D, How R, Leary C, Harris M. Implementing two nurse practitioner models of service at an Australian male prison: A quality assurance study. *J Clin Nurs*. 2018;27(1-2):e287-e300. DOI: <https://doi.org/10.1111/jocn.13935>
25. Meroueh F, Lardeur JY, Lapostolle F. Prisons are at highest risk of death by fire and smoke exposure. *Injury*. 2017;48(3):791. DOI: <https://doi.org/10.1016/j.injury.2017.01.012>
26. Goldstein MM. Health information privacy and health information technology in the US correctional setting. *Am J Public Health*. 2014;104(5):803-9. DOI: <https://doi.org/10.2105/AJPH.2013.301845>
27. Phillips A. Prescribing in prison: complexities and considerations. *Nurs Stand*. 2014;28(21):46-50. DOI: <https://doi.org/10.7748/ns2014.01.28.21.46.e8434>
28. Deslich SA, Thistlethwaite T, Coustasse A. Telepsychiatry in correctional facilities: using technology to improve access and decrease costs of mental health care in underserved populations. *Perm J*. 2013;17(3):80-6. DOI: <https://doi.org/10.7812/TPP/12-123>
29. Hassan L, Weston J, Senior J, Shaw J. Prisoners holding their own medications during imprisonment in England and Wales: a survey and qualitative exploration of staff and prisoners' views. *Crim Behav Ment Health*. 2012;22(1):29-40. DOI: <https://doi.org/10.1002/cbm.822>
30. Stern MF, Greifinger RB, Mellow J. Patient safety: moving the bar in prison health care standards. *Am J Public Health*. 2010;100(11):2103-10. DOI: <https://doi.org/10.2105/AJPH.2009.184242>
31. Diuana V, Lhuillier D, Sánchez AR, Amado G, Araújo L, Duarte AM, et al. Health in the prison system: representations and practices by prison guards in Rio de Janeiro, Brazil. *Cad. Saúde Pública*. 2008; 24(8):1887-1896. DOI: <https://doi.org/10.1590/s0102-311x2008000800017>
32. Aguiar, RS Silva, HS. Segurança do paciente na atenção primária à saúde: uma reflexão teórica. *Saúde Coletiva (Barueri)*. 2020; 10(59): 4442-55. DOI: <https://doi.org/10.36489/saudecoletiva.2020v10i59p4442-4455>
33. Nora CRD, Beghetto MG. Patient safety challenges in primary health care: a scoping review. *Rev Bras Enferm*. 2020;73(5):e20190209. DOI: <https://doi.org/10.1590/0034-7167-2019-0209>
34. Pont J, Harding TW. Organisation and management of health care in prison. Council of Europe: Strasbourg [Internet]. 2019. [citado 15 nov. 2023]. Disponível em: <https://rm.coe.int/guidelines-organisation-and-management-of-health-care-in-prisons/168093ae69>
35. Epifania PS, Costa JSP, Freitas KS, Barros KCC, Maciel GS, Passos SSS. Experiência de estudantes de enfermagem durante a coleta de dados num presídio do semiárido baiano. *Com. Ciências Saúde*. 2021;32(4):21-7. DOI: <https://doi.org/10.51723/ccs.v32i04.948>

**RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY
OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW**

36. Joint Commission International. International Patient Safety Goals [Internet]. 2023. [citado 15 nov. 2023]. Disponível em: <https://www.jointcommissioninternational.org/standards/international-patient-safety-goals/>

37. International Pharmaceutical Federation. Patient safety. Pharmacists' role in medication without harm. The Hague: International Pharmaceutical Federation (FIP) [Internet]. 2020 [citado 16 jan. 2024]. Disponível em: <https://www.fip.org/file/4757>

38. United Nations Development Programme. Objetivos de Desenvolvimento Sustentável [Internet]. 2024 [citado 16 jan. 2024]. Disponível em: <https://www.undp.org/pt/brazil/objetivos-de-desenvolvimento-sustentavel>

Submitted: December 14, 2024

Accepted: December 26, 2025

Published: April 6, 2026

Contribuições dos autores

Josemar Batista: Conceptualization; Formal analysis; Investigation; Methodology; Project administration; Supervision; Validation; Writing – original draft; Writing – review & editing.

Barbara Cristina Alberti: Conceptualization; Formal analysis; Investigation; Methodology; Writing – original draft; Writing – review & editing.

Eliane Miranda Rocha: Conceptualization; Formal analysis; Investigation; Methodology; Writing – original draft; Writing – review & editing.

Ivani Batista: Conceptualization; Formal analysis; Investigation; Methodology; Writing – original draft; Writing – review & editing.

João Kleber Nogueira: Conceptualization; Formal analysis; Investigation; Methodology; Writing – original draft; Writing – review & editing.

Kaynã Formigheri Ferreira: Conceptualization; Formal analysis; Investigation; Methodology; Writing – original draft; Writing – review & editing.

All authors approved the final version of the manuscript.

Conflict of Interest: There is no conflict of interest.

**RECOMMENDATIONS FOR PROMOTING PATIENT SAFETY AND QUALITY
OF CARE IN THE PRISON SYSTEM: AN INTEGRATIVE REVIEW**

| |
|--|
| Funding: This research received no external funding. |
| Corresponding Author: Josemar Batista Centro Universitário – UniDomBosco Av. Presidente Wenceslau Braz, 1172 – Guaíra Curitiba/PR, Brazil. Zip code: 81010-000 josemar.batista@hotmail.com |
| Editor-in-chief: Adriane Cristina Bernat Kolankiewicz. PhD |

This is an open access article distributed under the terms of the Creative Commons license.

